

Name of Institution:

Name of Primary Instructor:

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South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Curriculum Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

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selected curricu	e following approved culum. <i>Each program is e</i>	expected to r); Submit a compi <i>etain program reco</i>	etea Curriculum Appi Ords using the Enrolle	ication Form for each of Student Loa form.	
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List faculty and lice	ensure information: F	or new RN fa	aculty, attach resur	me/work history with	evidence of minimum 2	vears
clinical RN experienc	e.				7695-3-36-14-1	.6 7
RN FACULTY/INSTRUC	TOR NAME(S)	State	Number	RN LICENSE Expiration Date	Verification	
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RN Faculty Signature:	Dunda	PB	dand	Date:	5/16/201	 >
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This section to be com		Dakota Boa	rd of Nursing			
Date Application Received: 05/29/2012			Date Notice Sent to Institution:			
Date Application Approved: 05/31/2012			Date Application Denied:			
Expiration Date of Approval: 04/30/2014 Board Representative: 4m mat			Reason:			
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